Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: FAMILY MATTERS ADULT FAMILY HOME (690011)

Address: 4124 COUNTY W, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/13/1993

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History						
Survey ID: 0096280	End Date: 01/18/2006	Type: STANDARD	Purpose: SURVEY			
Results: ENFORCEME	NT ACTION					
Statement of Deficiency: #10009504 Served 02/04/2006				Compliance		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	88.04(5)(a)	TRAINING-15 HOURS W	ITHIN 6 MONTHS			
	88.06(3)(f)	REVIEW OF ISP				
	88.07(3)(e)1	MEDICATION- RECORD	KEEPING			
	88.10(3)(j)	TREATMENT CHOICE				
	88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT				
Survey ID: 0092823	End Date: 06/02/2004	Type: OTHER	Purpose: COMPLAINT			
Results: STATEMENT	OF DEFICIENCY ISSUE	D				
Statement of Deficiency	: #10009286 Served 07/	01/2004		G 11		
	Deficiencies Cited 50.065(3)(b)	Subject Area COMPLETE BACKGROUND CHECK PROCESS		Compliance Verified 12/22/2005	Corrected Yes	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0092501 End Date: 04/15/2004 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 02/02/2006 SOD #10009504 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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Complaint History

Date Complaint Received: 06/01/2004 Date Investigation Completed: 06/02/2004

Subject Area(s) Result

RESIDENT RIGHTS NOT SUBSTANTIATED ABUSE NOT SUBSTANTIATED